

ORGANIZATION REPORT

Full Name of the Company, Organization, or Individual

Mailing Address and Phone Number

Plan of Organization (State whether organization is a corporation joint stock association, firm or partnership, or individual

Purpose of Organization (State type of business in which engaged)

If a reorganization, give name and address of previous organization

If a foreign corporation give (1) State where incorporated	(2) Name and mailing address of state agent	(3) Date of permit to do business in state
Principal Officers or Partners (if partnership) NAME	TITLE	MAILING ADDRESS

DIRECTORS NAME

MAILING ADDRESS

CERTIFICATE I, the undersigned, under the penalty of perjury state that I am the _____ of the _____ (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

Signature

Date

Mail completed form to
Oil and Gas Program Administrator
Arizona Geological Survey
416 W Congress., #100
Tucson, AZ 85701

STATE OF ARIZONA
OIL & GAS CONSERVATION COMMISSION

Organization Report
File One Copy

Form No. 1